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Bib Data Sheet

SERIAL NUMBER 09/662,432	FILING DATE 09/13/2000 RULE -	CLASS 370	GROUP ART UNIT 2664 2662	ATTORNEY DOCKET NO. MTS-3205US	
APPLICANTS Masahiro Takatori, Osaka, JAPAN; Hidekazu Suzuki, Yamatokoriyama-shi, JAPAN; ** CONTINUING DATA ***** <i>NONE</i> ** FOREIGN APPLICATIONS ***** <i>YES</i> JAPAN HEI 11-261,075 09/14/1999					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/26/2000 -					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>PL</i> Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS <i>48</i>	INDEPENDENT CLAIMS <i>20</i>
ADDRESS Ratner & Prestia Suite 301 One Westlakes Berwyn P O Box 980 Valley Forge ,PA 19482-0980					
TITLE Reception system and digital broadcasting system					
FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 9059

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NONE
 ** CONTINUING DATA *****

YES
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>D. LEVITAN</i> Initials				

ADDRESS

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TITLE

Reception system and digital broadcasting system

FILING FEE RECEIVED 3996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____